FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

222321

OMB APPROVAL OMB Number: 3235-0076

SEC USE ONLY

DATE RECEIVED

Expires:

Prefix

company.

Actual Estimated

May 31, 2005

already formed

Estimated average burden hours per response.....16.00

UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Lost Highway, LLC	PECEIVED
Filing Under (Check box es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment PROCESSED	MAR 0 7 2003
A. BASIC IDENTIFICATION DATA	S
1. Enter the information requested about the issuer MAR 1 1 2003	187
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Lost Highway, LLC Address of Executive Offices C/O NJNG Productions, Inc. Ny Ny 10036 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Included in the Company of the Code) Telephone Number (Included in the Code)	.0_
Brief Description of Business	
Off-Broadway production of the play "Hank Williams: Lost High	hway"
Type of Business Organization corporation	d liability

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

Year

03

CN for Canada; FN for other foreign jurisdiction)

Month

012

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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				A. BASIC IDE	NTIFICATION DATA		1 11		
2. E	nter the information re	equested for the fo	lowing	:					• • •
•	Each promoter of	the issuer, if the is:	suer has	been organized w	ithin the past five years;				
•	Each beneficial ow	ner having the pow	er to vo	te or dispose, or dir	ect the vote or disposition	n of, 10	% or more o	f a clas	s of equity securities of the issuer
•	Each executive of	ficer and director o	f corpo	rate issuers and of	corporate general and ma	anaging	partners of	partne	ership issuers; and
•	Each general and	managing partner o	f partne	ership issuers.					
Check	Box(cs) that Apply:	Promoter		Beneficial Owner	Executive Officer	П	Director	1/	SENCHSWING
Jav	and Cindy	Gutterm	an F	Productio	ns. LLC	. —		A\$	Managing Kabist Member
	ame (Last name first,			10000010	113 / 1130				Member
205	Hudson St	reet							
	ss or Residence Addre		Street,	City, State, Zip Co	de)				
Check	Box(es) that Apply:	Promoter		Beneficial Owner	Executive Officer	П	Director	X	SQ QQ CACACACACACACACACACACACACACACACACAC
Di 17/	or Horgo D	- roduation		Tna					Managing Rights
	er Horse P amc (Last name first, i		15,	Inc.					Member
	Jay Street	,							
	ss or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)		· · · · · ·		
	nester, NY			• • • •					
Check	Box(cs) that Apply:	Promoter		Beneficial Owner	Executive Officer		Director		GENERALANDARICK
Kar	dana-Swins	ky Produc	- :+ic	ne Inc					Managing Work Member
Full Na	ime (Last name first, i	if individual)	<u> </u>	1110 ,					richoer
33]	East 70th	Street							
	ss or Residence Addre		Street,	City, State, Zip Co	de)				
New	York, NY	10021							
Check	Box(es) that Apply:	Promoter		Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name first, i	f individual)					· - · · · · · · · · · · · · · · · · · ·		
Busine	ss or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)				
Check	Box(cs) that Apply:	Promoter	E	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full N	nme (Last name first, i	f individual)	• •						
Busine	ss or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)				
Check	Box(cs) that Apply:	Promoter		Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name first, i	f individual)							
Busine	ss or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)				
Check	Box(es) that Apply:	Promoter	l:	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last name first, i	f individual)							
Busine	ss or Residence Addre	ess (Number and	Street,	City, State, Zip Co	dc)				

,	B. INFORMATION ABOUT OFFERING												
1.	Has the	e issuer sol	d, or does t			ell, to non-a				-		Yes	No X
2.	What is	s the minir	num investr			• •		_				\$5 (000_subject
۷.	wilat i	s the mini	num mvesti	nem mac w	THE DE ACCE	pied nom	any marvic	ruar:				Yes	No reducti
3.	Does th	ne offering	permit join	it ownershi	pofasing	gle unit?		Husha		Wife		ж <u>П</u>	□in the
4.	commis If a pers or state	ssion or sin son to be li s, list the n	ilar remune sted is an as	eration for s sociated po proker or de	solicitation erson or age caler. If me	of purchas ent of a brok ore than five	ers in conn ker or deald e (5) perso:	ection with er registere ns to be list	sales of se I with the S ed are asso	curities in t SEC and/or ociated pers	lirectly, any he offering. with a state sons of such	of Mer	discret the Managi mbers.
Ful	l Name (Last name	first, if ind	ividual)							-		
Bus	siness or	Residence	Address (N	Number and	l Street, C	ity, State, Z	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler		**							
Sta	tes in W	hich Perso	n Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)					• • • • • • • • • • • • • • • • • • • •		☐ AI	II States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)					<u> </u>				
Bus	siness or	r Residence	Address (l	Number an	d Street, C	City, State, 2	Zip Code)				<u>, , , , , , , , , , , , , , , , , , , </u>		
Nar	ne of As	sociated B	roker or De	aler					•••		<u>.</u>		
Stat			n Listed Ha										
	(Check	"All State	s" or check	individual	States)					•••••		☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)	-				***				
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	: 	Amount Already
	Type of Security	Aggregate Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
Investi	ngXXXXXX Interests		\$ <u>0</u>
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE. * Min		
2.	Enter the number of accredited and non-accredited investors who have purchased securities many offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	imum of S	
		Number Investors 0	Dollar Amount of Purchases O
	Accredited Investors		\$
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	N/A	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$40,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$40,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ *
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate] \$	_ [\$
	Purchase, rental or leasing and installation of machinery and equipment] \$	_ 🗆 \$
	Construction or leasing of plant buildings and facilities	\$	_ 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	٦\$	□\$
	Repayment of indebtedness]\$	
	Working capital		
	Other (specify):		
]\$	
	Column Totals] \$	X \$*
	Total Payments Listed (column totals added)	A	*
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	is filed under R sion, upon writt	
Iss		Pate	
Lc	ost Highway, LLC	Februar	y 27, 2003
Na	me of Signer (Print or Type) Title of Signer (Print or Type)		
Já	ay Gutterman Managing Member of Jay	Cindy	Gutterman
	Productions, LLC		

A Managing Member of Lost Highway, LLC

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)